

POSITION	ID NO.	DATE
CLASSIFIER.		
EXAMINER	233	11-2-93
TYPIST	203	11/6/93
VERIFIER	314	11-18-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS

✓ Rejected

— Allowed

— (Through numeral) Canceled

— Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim	Date
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